PTO/SB/05 (01-04) (J Approved for use through 07/31/2006. OMB 0651-0032 \_ U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE =

## UTILITY PATENT APPLICATION **TRANSMITTAL**

Under the Paperwork Reduction Act of 1995, no persons are required to	respond to a collection of inform	ation unless it displays a valid OMB control number.	
UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.	JERRY M. EDMONDSON	
	First Inventor		
	Title	ENERGY EFFICIENT COMPACT OIL AND WATER SEPARATOR	
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.	EH714634475US	

	Mail Stop Patent Application					
APPLICATION ELEMENTS	ADDRESS TO: Commissioner for Patents P.O. Box 1450					
See MPEP chapter 600 concerning utility patent application contents.	Alexandria VA 22313-1450					
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27.  3. Specification [Total Pages	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS					
4. Drawing(s) (35 U.S.C. 113) [Total Sheets]  5. Oath or Declaration [Total Sheets]  a. Newly executed (original or copy)	9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449  Citations					
b. Copy from a prior application (37 CFR 1.63(d))  (for continuation/divisional with Box 18 completed)	13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503)					
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76	(Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  Other:					
18. If a CONTINUING APPLICATION, check appropriate box, and sup specification following the title, or in an Application Data Sheet under 37	oly the requisite information below and in the first sentence of the					
Continuation Divisional Continuat	ion-in-part (CIP) of prior application No.:					
Prior application information:  Examiner  For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
19. CORRESPOND	DENCE ADDRESS					
Customer Number:	OR Correspondence address below					
Name JERRY M. EDMONDSON						
Address 2 ESCAPADE CT						
City NEWPORT BEACH	State CA Zip Code 92663					
Country USA Te	lephone 949 722-1278 Fax 949 722 -0639					
Name (Print/Type) JERRY M. EDMONDSON	Registration No. (Attorney/Agent)   / NO/VIOLA C					
Signature ( / evry M. Edmondson	Date 4-20-04					

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-03) Approved for use through 07/31/2006. OMB 0651-0032

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## **FEE TRANSMITTAL** for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	385
(\$)	フロン

Complete if Known				
Application Number				
Filing Date				
First Named Inventor	JERRY M. EDMONDSON			
Examiner Name				
Art Unit				
Attorney Docket No.	INDIVIOUAL			

METHOD OF PAYMENT (check all that apply)	:			FE	E CALCULATION (continued)	
Check Credit card Money Other None	3. A	DDITI	ONAL	FEE	S	
Deposit Account:	<u>Large l</u>	Entity	Small	Entity		
Deposit	Fee Code	Fee (\$)		Fee (\$)	Fee Description	Fee Paid
Account Number	1051	130	2051		Surcharge - late filling fee or oath	Fee Paid
Deposit	1052	50	2052		Surcharge - late provisional filing fee or	
Account Name	4050	400	4050	400	cover sheet	
The Director is authorized to: (check all that apply)	1053	130 2,520	1053 1812		Non-English specification  For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	-,	Requesting publication of SIR prior to	
Charge any additional fee(s) or any underpayment of fee(s)	1004	320	1004	320	Examiner action	<b></b>
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month	$\vdash$
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	ļi
Fee Fee Fee Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month	
1001 770 2001 385   Hillion fee	1255	2,010	2255	1,005	Extension for reply within fifth month	<u> </u>
1002 340 2002 170 Design filling fee 385	1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	L
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 385	1452	110	2452	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453	1,330	2453	665	Petition to revive - unintentional	
Fee from	1501	1,330	2501	665	Utility issue fee (or reissue)	
Extra Claims below Fee Paid  Total Claims 20** = X =	1502	480	2502	240	Design issue fee	
Independent	1503	640	2503	320	Plant issue fee	
Claims - 3" =	1460	130	1460	130	Petitions to the Commissioner	
	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Large Entity   Small Entity Fee Fee   Fee Fee   Fee Description	1806	180	1806		Submission of Information Disclosure Stmt	
Code (\$) Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission after final rejection	
1201 86 2201 43 Independent claims in excess of 3					(37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	· · ·	
SUBTOTAL (2) (\$)		fee (sp	ecify) _			
**or number previously paid, if greater; For Reissues, see above **Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)						
or number proviously paid, if greater, if or Naissues, see above						

SUBMITTED BY (Complete (if applicable)) EDMONDSON Registration No. Name (Print/Type) INDIVIOUAL Telephone 949 Signature

**州ARNIN**: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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